

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 21, 1998

ALL-COUNTY LETTER NO. 98-74

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDITOR CONTROLLERS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: SPECIAL CIRCUMSTANCES PROGRAM REINSTATEMENT

REFERENCES: ASSEMBLY BILL 1656, CHAPTER 324, STATUTES OF 1998,
WELFARE AND INSTITUTIONS CODE SECTIONS 12300, 12550 AND
12601

This All-County Letter (ACL) notifies counties that the Special Circumstances Program was reinstated on August 21, 1998 when the Governor signed the Budget Act of 1998, allocating \$8.3 million for this program.

The Special Circumstances Program was temporarily repealed by the Legislature in 1992. There are no changes in the law, regulations or policies previously established for this Program. The Special Circumstances Program is a State funded, CDSS supervised, county administered special needs cash assistance program for SSI/SSP recipients.

As described in the attached California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Section 46-425, the Special Circumstances Program provides limited vendor payments and cash benefits to Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients under certain emergencies for: replacement or repair of essential household furniture, equipment, supplies, and clothing lost, damaged or destroyed by a catastrophe; necessary moving expenses; required housing repairs or modifications; and payment to prevent foreclosure or for unmet shelter needs. These regulations have not changed.

Attached is a copy of the application form for Special Circumstances Benefits – EAS 46-425 (SSP 4A 11/90), and the Notice of Intended Action and Right to Request a State Hearing on Your Application for a Special Circumstances – (SSP 4B 6/81) that may be ordered from the CDSS Warehouse by using the form GEN 727B. If your office has Internet access, you may obtain these forms from the CDSS web page at: <http://www.dss.cahwnet.gov>. To accommodate agencies without

Internet access, camera ready copies will be available by contacting the Forms Management Unit at (916) 657-1907.

Staff from the Fiscal Systems and Accounting Branch will be sending a County Fiscal Letter (CFL) providing all counties with reporting procedures and requirements. The Contracts and Financial Analysis Bureau has released a CFL with each county's allocation.

Staff from the Data Operations Branch and Adult Programs Branch are currently assessing data collection and tracking requirements. Information regarding reporting requirements will be provided in a future ACL.

There are a number of policy questions regarding this Program that have been raised by the County Welfare Directors Association. We are currently researching these questions and will issue additional ACL's as necessary.

Please contact your Operations and Technical Assistance analyst if you have any questions regarding the reinstatement of the Special Circumstances Program (see attached list).

***Original Document Signed By
Donna L. Mandelstam On 10/14/98***

DONNA L.MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachments

c: CWDA

OPERATIONS AND TECHNICAL ASSISTANCE ANALYST LIST

		ANALYST ASSIGNED TO COUNTY	TELEPHONE NUMBER IN 916 AREA CODE
1.	ALAMEDA	CAROLINA FERNANDEZ	229-4016
2.	ALPINE	CAROLE CAVE	229-4598
3.	AMADOR	TERRIE MARKS	229-4044
4.	BUTTE	MARTHA ESZLINGER	229-4599
5.	CALAVERAS	TERRIE MARKS	229-4044
6.	COLUSA	CAROLE CAVE	229-4598
7.	CONTRA COSTA	LISA GRECH	229-4595
8.	DEL NORTE	MARTHA ESZLINGER	229-4599
9.	EL DORADO	TERRIE MARKS	229-4044
10.	FRESNO	DESI GONZALES	229-4026
11.	GLEN	CAROLE CAVE	229-4598
12.	HUMBOLDT	CAROLE CAVE	229-4598
13.	IMPERIAL	LISA GRECH	229-4595
14.	INYO	DESI GONZALES	229-4026
15.	KERN	MARTHA ESZLINGER	229-4599
16.	KINGS	MARTHA ESZLINGER	229-4599
17.	LAKE	MARTHA ESZLINGER	229-4599
18.	LASSEN	DESI GONZALES	229-4026
19.	LOS ANGELES	VANESSA SOUTHWARD	229-4004
20.	MADERA	TERRIE MARKS	229-4041
21.	MARIN	VANESSA SOUTHWARD	229-4004
22.	MARIPOSA	DESI GONZALES	229-4026
23.	MENDOCINO	WAYMAN HINDSMAN	229-4593
24.	MERCED	MARTHA ESZLINGER	229-4599
25.	MODOC	DESI GONZALES	229-4026
26.	MONO	CAROLE CAVE	229-4598
27.	MONTEREY	CAROLINA FERNANDEZ	229-4016
28.	NAPA	VANESSA SOUTHWARD	229-4004
29.	NEVADA	CAROLE CAVE	229-4598
30.	ORANGE	LISA GRECH	229-4595
31.	PLACER	DESI GONZALES	229-4026
32.	PLUMAS	TERRIE MARKS	229-4041
33.	RIVERSIDE	VANESSA SOUTHWARD	229-4004
34.	SACRAMENTO	VANESSA SOUTHWARD	229-4004
35.	SAN BENITO	DESI GONZALES	229-4026
36.	SAN BERNARDINO	WAYMAN HINDSMAN	229-4593
37.	SAN DIEGO	WAYMAN HINDSMAN	229-4593
38.	SAN FRANCISCO	CAROLINA FERNANDEZ	229-4016
39.	SAN JOAQUIN	TERRIE MARKS	229-4041

COUNTY		ANALYST ASSIGNED TO COUNTY	TELEPHONE NUMBER IN 916 AREA CODE
40.	SAN LUIS OBISPO	WAYMAN HINDSMAN	229-4593
41.	SAN MATEO	LISA GRECH	229-4595
42.	SANTA BARBARA	WAYMAN HINDSMAN	229-4593
43.	SANTA CLARA	CAROLINA FERNANDEZ	229-4016
44.	SANTA CRUZ	LISA GRECH	229-4595
45.	SHASTA	CAROLE CAVE	229-4598
46.	SIERRA	TERRIE MARKS	229-4041
47.	SISKIYOU	CAROLE CAVE	229-4598
48.	SOLANO	WAYMAN HINDSMAN	229-4593
49.	SONOMA	LISA GRECH	229-4595
50.	STANISLAUS	MARTHA ESZLINGER	229-4599
51.	SUTTER	TERRIE MARKS	229-4041
52.	TEHAMA	MARTHA ESZLINGER	229-4599
53.	TRINITY	CAROLE CAVE	229-4598
54.	TULARE	CAROLE CAVE	229-4598
55.	TUOLUMNE	DESI GONZALES	229-4026
56.	VENTURA	CAROLINA FERNANDEZ	229-4016
57.	YOLO	CAROLE CAVE	229-4598
58.	YUBA	MARTHA ESZLINGER	229-4599

STATE SUPPLEMENTAL PROGRAM

Regulations AID RECOVERIES AND SPECIAL CIRCUMSTANCES 46-425 (Cont.)

CHAPTER 46-400 AID RECOVERIES AND SPECIAL CIRCUMSTANCES

46-425 SPECIAL CIRCUMSTANCES 46-425

- .1 Administration. County Welfare Departments (CWD's) shall administer this section including establishment of eligibility and payments of benefits.
- .2 Definitions.
 - .21 "Catastrophe" means fire, flood, earthquake or similar disaster.
 - .22 "Emergency" means a special circumstance which requires immediate action to escape an unhealthful or unsafe situation as determined by the CWD.
 - .23 "Eviction" means an official legal action or a written demand by the landlord to vacate rental property or any other action by the landlord which substantially interferes with occupancy by the tenant, such as terminating utility services or removing doors.
 - .24 "Housing" means a dwelling and the land on which it is situated.
 - .25 "Housing modifications" means alterations to a dwelling that change an existing structure or add something new to accommodate physical infirmities or other health or safety needs.
 - .26 "Housing repairs" means restoring an item to a level of adequate function after damage or breakdown. An item needs repair when it is in such a state of disrepair that it is no longer functioning in the way for which it was constructed.
 - .27 "Liquid assets" means resources which are readily converted to cash. This includes cash, negotiable stocks and bonds, bank accounts, etc. Liquid assets do not include the recipient's regular monthly grant or the cash value of insurance policies, burial trusts, automobile or other personal property not readily converted to cash.
 - .28 "Recipients" means SSP recipients.

STATE SUPPLEMENTAL PROGRAM

46-425 (Cont.) AID RECOVERIES AND SPECIAL CIRCUMSTANCES Regulations

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

- .29 "Special circumstances" means those circumstances which are not common to all recipients and which arise out of need for certain goods or services, and physical infirmities or other conditions peculiar, on a nonrecurring basis, to the individual's situation.

Special circumstances may result in payments for:

- .291 Replacement or repair of essential household furniture and equipment; and replacement of clothing (see Catastrophe Section 46-425.61 and .62).
- .292 Housing repairs (see Sections 46-425.26, 46-425.63 and .64).
- .293 Moving expenses (see Section 46-425.65 and .66).
- .294 Housing modifications (see Sections 46-425.25 and 46-425.67).
- .295 Prevention of foreclosure (see Section 46-425.68).

- .3 Utilization of Liquid Assets. The costs of any special circumstances shall be met by first requiring the recipient to utilize all but \$300 of his/her available liquid assets. The recipient shall also be allowed to retain any funds that have been specifically designated for the following future needs:

- .31 Property tax
- .32 Home insurance
- .33 Funds which have been specifically committed for known medical expenses already incurred or planned and not covered by Medi-Cal or any other source. Examples include but are not limited to, a surgical operation for an ineligible spouse or purchase of such items as eyeglasses or dental plates.
- .34 Any monies that are being accumulated to satisfy a lien against the home property or a judgment arising out of an automobile accident that otherwise would result in loss of the recipient's driver's license.

CALIFORNIA-DSS-MANUAL-EAS

MANUAL LETTER NO. EAS-89-04

Issued 7/1/89

STATE SUPPLEMENTAL PROGRAM
Regulations AID RECOVERIES AND SPECIAL CIRCUMSTANCES 46-425 (Cont.)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

- .35 Funds which have been set aside to fulfill an approved plan of self-support in the SSI/SSP Program.
- .4 Payment of Benefits
 - .41 Payment shall not be made for any need which can be met without cost to the recipient.
 - .42 Payment shall be made to the recipient or his/her representative payee except when, in the opinion of the county, vendor payment is more advisable.
 - .43 Vendor payments shall be made no later than thirty days after the vendor's bill is presented to the county.
 - .44 Payment shall not be made for expenses that do not have prior authorization from the county, except as specified in .5 below.
- .5 Exception to the Requirement of Prior Authorization for Payment. Prior county authorization to incur expenses shall not be required when the special circumstance is an emergency.

The recipient shall submit evidence to the county to show that an emergency existed and that the expenses incurred were necessary and reasonable.
- .6 Categories of Special Circumstances Payments. Payments under this section shall be limited to the following:
 - .61 Replacement or repair of essential household furniture, equipment or supplies owned by the recipient which have been lost, damaged or destroyed through catastrophe. Such items shall be replaced, restored or repaired. In nonemergency situations, the recipient shall, upon county request, provide information to determine whether replacement, restoration or repair is most feasible before the county authorizes the expense to be incurred.

STATE SUPPLEMENTAL PROGRAM

46-425 (Cont.) AID RECOVERIES AND SPECIAL CIRCUMSTANCES Regulations

46-425 SPECIAL CIRCUMSTANCES (Continued) 46-425

.611 The cost shall be prorated among the owners of the items.

.612 The amount of the allowance per catastrophe to the recipient(s) shall be the item's reasonable replacement, restoration or repair cost, including sales tax, or the maximum amount listed below, whichever is less:

.6121 Cook stove, refrigerator, and/or space heater - \$405, combined total,

.6122 Bed, including mattress - \$143

.6123 Other essential furniture, equipment or supplies - \$50 total.

.62 Replacement of clothing lost, damaged, or destroyed through catastrophe.

.621 The allowance shall not exceed a reasonable amount for which needed items can be purchased, or a total amount of \$113 per recipient, whichever is less.

.63 Required housing repairs necessary to provide safe and healthful recipient-owned housing and/or essential appliances. (\$300 maximum allowance.)

.631 These remedies shall include, but shall not be limited to:

.6311 Repairs to the physical structure of the home.

.6312 Removal of a tree which endangers the home.

.6313 Repair of cesspool or sewer.

.6314 Fumigation for pests.

.6315 Repairs to the following recipient-owned essential appliances: stove, heater, water heater, refrigerator. Other appliances (such as air conditioners) may be repaired only if they are essential to safe and healthful housing for the recipient.

CALIFORNIA-DSS-MANUAL-EAS

STATE SUPPLEMENTAL PROGRAM
Regulations AID RECOVERIES AND SPECIAL CIRCUMSTANCES 46-425 (Cont.)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

- .632 Payment shall not be allowed for items or services which are necessary on a recurring basis solely to maintain the property, unless the health or safety of the recipient is threatened and the recipient could not have reasonably prevented the need for the remedy.
- .633 Payment of the required housing repair allowance shall be permitted when the total cost of necessary repairs exceeds \$10. The allowance shall not exceed a reasonable amount for which adequate repairs can be made. Appliances shall be replaced, restored or repaired. In nonemergency situations, the recipient shall, upon county request, provide information to determine whether replacement, restoration or repair is most feasible before the county authorizes the expense to be incurred. The total allowance for repairs in any 12-month period shall not exceed \$300 per dwelling except as specified in Section 46-425.64. The period begins on the date of application for the current request and covers applications made during the immediately preceding 12-month period.
- .634 The cost of the repairs shall be prorated among the owners of the property or appliance. When ownership is shared with a nonrecipient, the recipient's or recipients' prorated portion of the cost up to the \$300 limit shall be allowed.
- .635 SSP recipients who hold a life estate to the house in which they live are eligible for the required housing repair allowance.
- .64 Supplemental housing repairs which are necessary for safe and healthful housing, but which exceed \$300 total cost.
- .641 When the cost of required housing repairs exceeds the \$300 standard allowed in Section 46-425.63, an additional payment not to exceed the total cost of the repairs, shall be allowed when all the conditions set forth in Section 46-425.644 are met.

STATE SUPPLEMENTAL PROGRAM

46-425 (Cont.) AID RECOVERIES AND SPECIAL CIRCUMSTANCES Regulations

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

- .642 The number of payments for supplemental housing repairs shall not be limited provided that the cumulative payment per dwelling does not ever exceed \$450.
- .643 Persons who received a payment under the Unmet Shelter Needs Program (January 1974 through June 1977) shall be eligible for the difference between that payment and the \$450 supplemental housing repair allowance.
- .644 Prior to making any expenditures of the supplemental housing repair allowance, in nonemergency situations, the home shall be evaluated and the following determinations made by the county:
 - .6441 The housing or essential appliance is so defective that continued occupancy or use is not safe or is not healthful.
 - .6442 The housing or essential appliance is worth repairing.
 - .6443 It appears probable the recipient will be able to continue living in the home following its repair.
 - .6444 Total cost to the recipient for adequate alternative housing over a two-year period would exceed the following combined costs:
 - (a) The cost of repairs needed to make the home habitable and,
 - (b) Other probable costs of continued occupancy of such home during a two-year period, i.e., encumbrance payments, taxes, assessments, minor upkeep and insurance.
- .645 The cost of repairs shall be prorated among the owners of the property or essential appliance. When ownership is shared with a nonrecipient, the recipient's or recipients' prorated portion of the cost, up to the maximum, is allowed.

CALIFORNIA-DSS-MANUAL-EAS

MANUAL LETTER NO. EAS-89-04

Issued 7/1/89

STATE SUPPLEMENTAL PROGRAM

Regulations AID RECOVERIES AND SPECIAL CIRCUMSTANCES 46-425 (Cont.)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

- .65 Required moving expenses, including the cost of packing, storage, and moving, necessary because of eviction or because current housing is unsafe or unhealthful as determined by the CWD.
- .651 The amount allowed shall not exceed \$200 for a recipient or \$300 for two or more recipients. The amount shall never exceed the cost of the services. In nonemergency situations, the recipient shall, upon county request, provide cost estimates to the county prior to authorization of the moving allowance.
- .652 Payment for moving expenses shall be limited to one time only for each recipient unless it is determined by the CWD that the applicant did not cause the need for another move.
- .653 No payment shall be made when provisions for moving can be made at no cost to the recipient.
- .654 When the SSP recipient is moving with a nonrecipient(s), payment shall be made for only the SSP recipient's share of the total cost of the move. Proration of costs shall not apply to nonrecipient minors in the home.
- .66 Supplemental moving expenses, including the required costs of securing suitable housing as designated below, necessary because of eviction or because current housing is unsafe or unhealthful as determined by the CWD.

The supplemental moving expense payment is separate from any moving expenses granted under Section 46-425.65. When the SSP recipient is moving with a nonrecipient(s), payment shall be made for only the SSP recipient's share of the total cost of the move. Proration of costs shall not apply to nonrecipient minors in the home.

- .661 Payment for securing housing shall be limited to one time only for each recipient unless it is determined by the CWD that the applicant(s) did not cause the need for another move.

STATE SUPPLEMENTAL PROGRAM

46-425 (Cont.) AID RECOVERIES AND SPECIAL CIRCUMSTANCES Regulations

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

- .662 If the recipient(s) is renting housing, payment up to a maximum of \$300 per move under this section shall be limited to:
- .6621 Required deposits for gas, water, sewage, electricity including hook-up fees, and installation charges for a telephone.
 - .6622 First and last months' rent when required by the landlord to secure the rental housing. If the recipient(s) has not paid rent out of the current month's check, he/she/they will be required to pay one month's rent, with the balance needed to secure the housing then met through the supplemental moving expense payment.
 - .6623 Cleaning fees and/or security deposits.
- .663 If the recipient(s) is purchasing a home, the combined payments for purchase of a home and the moving allowance under Section 46-425.65 shall not exceed \$750. The cost of home purchase shall be prorated among all purchasers of the home in accordance with Section 46-425.654.

A payment covering costs listed in Section 46-425.6631 - .6634 may be allowed if:

- (a) The property is a suitable home for the recipient.
- (b) Approval can be obtained for an FHA, Veterans Administration, or other governmental or conventional loan.
- (c) The usual safeguards are observed prior to transfer, i.e., building inspection, property search, termite inspection, etc.

CALIFORNIA-DSS-MANUAL-EAS

MANUAL LETTER NO. EAS-89-04

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STATE SUPPLEMENTAL PROGRAM

Regulations AID RECOVERIES AND SPECIAL CIRCUMSTANCES 46-425 (Cont.)

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

- (d) The total monthly amount for payments on the principal interest, taxes, and other liens on the property, insurance and minor maintenance, is not substantially in excess of the cost of rental or leased housing that would be available for the recipient.
- (e) The recipient(s) can qualify as a transferee for the encumbrance on the property or approval of a renegotiated loan as set forth in (b) above.

Payment may be allowed for:

- .6631 Down payment
 - .6632 Closing costs
 - .6633 Real estate fees; and,
 - .6634 Other costs entailed in real property or mobile home purchase, including required deposits for gas, water, sewage, electricity including hook-up fees, and installation charges for a telephone.
- .67 Housing modifications expense, when modification of a recipient occupied home is necessary to provide safe and healthful housing.
- .671 Payment up to a maximum of \$750 per recipient, not to exceed \$750 per home, shall be allowed to meet the need. The \$750 maximum is cumulative and may be expended in one or more payments. Such a determination shall be based on nonrecurring conditions peculiar to the individual's situation.
- (a) If two or more recipients live together, the amount allowable shall be limited to a cumulative maximum of \$750 for the common home.

STATE SUPPLEMENTAL PROGRAM

46-425 (Cont.) AID RECOVERIES AND SPECIAL CIRCUMSTANCES Regulations

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

- (b) Should one recipient move from the common home to a new dwelling, he/she shall be eligible for a renewed \$750 maximum allowance for that dwelling. The individual remaining in the home which was previously held in common shall be eligible for an individual \$750 allowance, less his/her share of any modification allowance previously expended on that dwelling. If the individual remaining in the home did not benefit from modification allowances previously expended on the dwelling, the cost of such modifications shall not be applied to that individual. He/she shall be eligible for the full \$750 per recipient allowance as necessary to accommodate his/her physical infirmities or other health and safety needs in that dwelling.
- (c) Should the recipients both move from the common home into separate homes, each person shall be eligible for a renewed \$750 maximum allowance for each new dwelling.
- .672 Examples of housing modifications include, but are not limited to, a ramp or other needed fixtures for a disabled person. Modifications also include changes that are required to comply with local building, health or safety codes and which are necessary for safe or healthful housing, such as installation of mobile home skirting and required sewer hook-ups for residences.
- .673 Modification may be made when housing occupied by a recipient is owned by another person if the recipient has obtained the written permission of the owner to complete the modifications.
- .674 Proration may be required for a home modification. If two or more recipients live together, each recipient benefited by a modification shall commit an equal share of his/her allowance to meet the cost; if one recipient is the sole beneficiary of the modification, that person shall bear the cost.

CALIFORNIA-DSS-MANUAL-EAS

MANUAL LETTER NO. EAS-89-04

Issued 7/1/89

STATE SUPPLEMENTAL PROGRAM

46-425 (Cont.) AID RECOVERIES AND SPECIAL CIRCUMSTANCES

Regulations

46-425 SPECIAL CIRCUMSTANCES (Continued)

46-425

.68 Payment to Prevent Foreclosure.

- .681 Payment of up to \$750 shall be allowed to prevent foreclosure as a result of delinquent mortgage payments, deeds of trust, or liens resulting from delinquent taxes, bonds, assessment, etc., on a home owned by a recipient or recipients.
- .682 This allowance shall be limited to one time only per recipient, regardless of whether the maximum is used.
- .683 The allowance shall be prorated among the owners of the property. If the property is owned by more than one person and the other owner(s) do not contribute his/her share of the amount required to prevent foreclosure, the allowance shall not be granted to the SSP recipient(s). When the recipient is the sole owner of the property, and the maximum allowance is not sufficient when added to contributions from other sources to prevent foreclosure, the allowance shall not be granted.

CALIFORNIA-DSS-MANUAL-EAS

MANUAL LETTER NO. EAS-89-04

Issued 7/1/89

APPLICATION AND VERIFICATION FOR SPECIAL CIRCUMSTANCES ALLOWANCE (EAS 46–425)

NAME			COUNTY USE ONLY
SOCIAL SECURITY NUMBER	TITLE XVI/WELFARE CASE NUMBER	BIRTHDATE	
ADDRESS (NUMBER, STREET, APARTMENT NO., CITY, ZIP)			
			TELEPHONE NUMBER

1. Are you currently receiving benefits from the Supplemental Security Income/State Supplementary Payment (SSI/SSP) Program for the Aged, Blind and Disabled or the In Home Supportive Services (IHSS) Program? ☐ Yes ☐ No

2. Have you ever received a Special Circumstances Allowance before? ☐ Yes ☐ No
If Yes, what did you receive the allowance(s) for?

In what county(ies) did you receive the allowance(s)?

3. Are you married? ☐ Yes ☐ No
If Yes, is your spouse also a recipient under the SSI/SSP and/or IHSS Programs? ☐ Yes ☐ No

4. Do you live with others? ☐ Yes ☐ No
If Yes, list all persons with whom you live

	Social Security Number	Age	Receives SSI/SSP and/or IHSS?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

5. Do you rent the home you are living in? ☐ Yes ☐ No

6. Do you own your home? ☐ Yes ☐ No
If Yes, list all persons whose names appear on the deed:

7. Do you hold a "life estate" to your home? ☐ Yes ☐ No
If Yes, list all persons whose name appears on the deed.

8. List all liquid assets you or you and your spouse own, such as cash, bank accounts, stocks, or other cash reserves:

Item

Amount

	\$	

9. How much of these liquid assets are set aside for the following items?

Amount

Property tax	\$	
Home insurance.....		
Burial funds.....		
Assets used for approved plan of self-support		
Medical expenses — please explain		
Lien against your home—please explain		

- a. If you have experienced a natural disaster such as a fire, flood or earthquake do you need money to replace the following items:

	Yes	No	Amount
Cook Stove _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Refrigerator _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Space heater _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bed _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other furniture or equipment _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clothing _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Explain the nature of the disaster _____

- b. If you need assistance with housing repairs, essential appliance repairs, moving costs, securing rental housing, purchasing a home, modifying your residence or preventing foreclosure, please complete this section:

Housing Repair

- (1) Is your housing unsafe or unhealthful? ☐ Yes ☐ No

If Yes, please explain _____

Estimated cost of repair _____

Moving Allowance

- (2) Are you moving away from your current housing? ☐ Yes ☐ No

Have you been evicted? ☐ Yes ☐ No

Reason for eviction _____

Is your housing unsafe or unhealthful? ☐ Yes ☐ No

If Yes, please explain _____

Estimated moving costs _____

Securing Rental Housing

- (3) Are you moving to rental housing? ☐ Yes ☐ No

If Yes, indicate the costs (if any) of the following:

Utility deposits \$ _____

Rental fees \$ _____

Cleaning fees and/or
Security deposits \$ _____

Have you paid any rent from your current month's grant?

☐ Yes ☐ No

If yes, indicate the amount that was paid. \$ _____

Home Purchase

- (4) Are you buying a home? ☐ Yes ☐ No

If Yes, indicate the costs (if any) of the following:

Down payment \$ _____

Closing costs \$ _____

Real estate fees \$ _____

Other costs (explain) \$ _____

Home Modification

- (5) Do you need to modify your residence? ☐ Yes ☐ No

If Yes, explain _____

If you do not own your residence, do you have written permission of the owner to complete the modification?

☐ Yes ☐ No

Payment to Prevent Foreclosure

- (6) Do you have a lien on your property that will result in foreclosure?

☐ Yes ☐ No

If Yes, explain _____

If you (or your spouse) are 62 years of age or older, have you filed a 'Property Tax Deferral' form, to have the property taxes on your home deferred?

☐ Yes ☐ No

.44 PAYMENT SHALL NOT BE MADE FOR EXPENSES THAT DO NOT HAVE PRIOR AUTHORIZATION FROM THE COUNTY, UNLESS THE SPECIAL CIRCUMSTANCE IS AN EMERGENCY.

8. CERTIFICATION

I agree to notify the welfare department at once if there are any changes in my sources and amounts of liquid assets, or any change of address.

I understand that proof of my statements on this form is required, and each statement is subject to investigation and verification and my signature constitutes authorization for such investigations.

I declare under penalty of perjury and subject to prosecution as the crime of perjury under the penal code that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE OF APPLICANT (IF YOU USE A MARK, ONE WITNESS MUST SIGN BELOW)	DATE SIGNED	PLACE SIGNED (COUNTY)
SPOUSE OR OTHER PARENT (IF LIVING IN THE HOME)	SIGNATURE OF WITNESS	

Signature of person completing this form on behalf of applicant (if you have a legal guardian, this person must sign).

I declare under penalty of perjury and subject to prosecution as the crime of perjury under the penal code that the foregoing statements on this form are true and correct. (Declaration under penalty of perjury applies to each and every person signing this form except as a witness.)

SIGNATURE		DATE SIGNED	PLACE SIGNED (COUNTY)
ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO APPLICANT (LEGAL GUARDIAN, SON, WIFE, FRIEND, AUTHORIZED REPRESENTATIVE, ETC.)	

DO NOT WRITE BELOW THIS LINE – FOR COUNTY USE ONLY

CURRENT SSP STATUS:

Eligible this month

☐ **Yes**☐ No

CURRENT IHSS STATUS:

Eligible this month

☐ **Yes**☐ No**VERIFICATION OF NEED:**


Source of Verification



SDX

☐ ~~SSA~~☐ ~~County Records~~

1. Description and documentation of need:

A decorative graphic consisting of several overlapping, semi-transparent geometric shapes, primarily triangles and polygons, in shades of light gray and white, arranged in a dynamic, abstract pattern at the bottom right of the page.

2. Gross amount of needs:	ITEM	AMOUNT
		\$ _____

Total gross amount of needs: \$ _____

Less available liquid assets: _____

\$

Balance of needs	\$
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3. ☐ Approved in amount of \$ _____ Effective _____

☐ Disapproved. Basis: _____

DATE	ELIGIBILITY WORKER NAME	TELEPHONE	NOTIFIED CLIENT ON	PRIOR AUTHORIZATION FORM TO CLIENT ON
DATE OF REVIEW	ELIGIBILITY SUPERVISOR	APPROVED: DISAPPROVED:		

**NOTICE OF INTENDED ACTION AND
RIGHT TO REQUEST A STATE HEARING
ON YOUR APPLICATION FOR A
SPECIAL CIRCUMSTANCES ALLOWANCE**

COUNTY STAMP

DATE: _____
CASE NAME: _____
SSN NO.: _____
CASE NO.: _____
COUNTY NO.: _____
DISTRICT: _____
WORKER NO.: _____

SAMPLE

YOUR APPLICATION FOR A SPECIAL CIRCUMSTANCES ALLOWANCE HAS BEEN:

☐ **APPROVED**

SEE SECTION "A" BELOW

☐ **DENIED**

SEE SECTION "B" BELOW

SECTION "A" APPROVAL FOR SPECIAL CIRCUMSTANCES ALLOWANCE

YOU HAVE BEEN APPROVED FOR THE FOLLOWING SPECIAL CIRCUMSTANCES ALLOWANCE ITEMS:

YOU WILL BE REQUIRED TO USE THE FOLLOWING
RESOURCES TO PAY PART OF THE COST.

RESOURCE: _____ AMOUNT: \$ _____

_____ \$ _____

TOTAL LIQUID RESOURCES _____ \$ _____

YOUR SHARE OF TOTAL RESOURCES _____ \$ _____

MINUS EXEMPT RESOURCES _____ (\$ _____)

RESOURCES YOU MUST USE TO PAY PART OF COSTS _____

TOTAL ESTIMATED COST \$ _____

YOUR SHARE OF ESTIMATED COST \$ _____

MINUS RESOURCES YOU MUST USE (\$ _____)

REMAINING ESTIMATED COST \$ _____

ESTIMATED MAXIMUM ALLOWANCE

\$ _____

THE FINAL AMOUNT PAID MAY BE LESS THAN
THIS IF THE ACTUAL COST IS LESS THAN ESTIMATED

AFTER YOU HAVE RECEIVED THESE SERVICES OR ITEMS, PLEASE BRING OR MAIL THIS FORM IMMEDIATELY, TOGETHER
WITH ALL OF THE BILLS, CONTRACTS, ETC., TO THIS OFFICE SO THAT PAYMENT CAN BE MADE.
PAYMENT MAY BE MADE TO YOU OR TO THE SUPPLIER.

SECTION "B" REASONS FOR DENIAL

YOUR APPLICATION FOR A SPECIAL CIRCUMSTANCES ALLOWANCE HAS BEEN DENIED BECAUSE:

☐ YOU HAVE LIQUID RESOURCES IN THE AMOUNT OF \$ _____. SINCE THIS AMOUNT IS MORE THAN YOUR SHARE OF THE ESTIMATED
COST OF THE SPECIAL CIRCUMSTANCES ITEM, YOU ARE NOT ELIGIBLE FOR AN ALLOWANCE.

☐ OTHER: _____

THIS ACTION IS REQUIRED BY THE FOLLOWING LAWS AND/OR REGULATIONS:
STATE DEPARTMENT OF SOCIAL SERVICES, MANUAL OF POLICIES AND PROCEDURES, SECTION 46-425.

PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS ON THIS MATTER.

ELIGIBILITY WORKER

TELEPHONE

IF YOU BELIEVE THIS ACTION IS WRONG, YOU MAY ASK FOR A STATE HEARING (SEE REVERSE)

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side, or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county worker can help you request a hearing. If you decide to request a hearing you must do so **WITHIN 90 DAYS OF THE DATE OF THIS NOTICE.**

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253*

TDD (800) 952-8349* For Deaf Only

***You may have to dial "1" first.**

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write, or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response. If you arrange for a representative before the hearing, your representative will be sent duplicate copies of information related to the hearing. The bottom portion of this form, Statement of Authorization, may be used to appoint a representative, or you may prepare a separate written statement authorizing someone to act on your behalf. You may also call our toll-free number to provide this information.

Request for a State Hearing

NAME	PHONE NUMBER ()
ADDRESS	CITY STATE ZIP CODE

I am requesting a state hearing because of an action by the welfare department of _____ county regarding the receipt of a special circumstances allowance. The reasons for my request are as follows: _____

SAMPLE

I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

LANGUAGE	DIALECT
SIGNATURE DATE	

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may do

so by contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department and the U.S. Department of Health and Human Services. Authority: W&IC 10950.

STATEMENT OF AUTHORIZATION

The following person has agreed to help me with my hearing: _____
NAME OF AUTHORIZED REPRESENTATIVE

ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
I authorize your office to release any or all information concerning my hearing to him/her.				

SIGNED: _____ APPLICANT OR RECIPIENT	SIGNED: _____ AUTHORIZED REPRESENTATIVE
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